

**UNF INDIVIDUAL STUDY ABROAD
WAIVER AND RELEASE AGREEMENT**

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

I, _____, am a student at the University of North Florida ("the University") and have applied to participate in an activity abroad ("the Activity") through the host partner or company _____ ("Host"), in the country of _____ ("Host Country"). In order to induce the University to allow me to participate in the Activity and in consideration of the University's agreement to permit me to participate in the Activity, I acknowledge, agree, warrant, and represent as follows:

1. I have or will secure health insurance to provide adequate coverage for any and all injuries or illnesses that I may sustain or experience while participating in the Activity, including but not limited to medical evacuation or repatriation. I have confirmed that my health care coverage will adequately cover me while outside of the United States. Neither the University nor the State of Florida maintains any such insurance coverage for my benefit, and I release The University of North Florida Board of Trustees, the Florida Board of Governors, the State of Florida, and their officers, employees, representatives and agents ("Releasees") from any responsibility or liability for expenses incurred by me for injuries or illnesses that I may suffer while participating in the Activity. **Participant (Parent/Guardian) Initials:** _____

2. The Host and the University are independent and unrelated entities. While the University may have affiliated with the Host for the limited purpose of enabling student Activities, the University has no ultimate control over the Host, its programs, itinerary, travel arrangements, accommodations or the like.

3. I understand that the University and the Host reserve the right to discontinue my participation in the Program and/or accommodations at any time should my actions or behavior, in the sole discretion of the University or Host, impede or obstruct the progress of the Program in any way or endanger myself, other participants, faculty or staff. In such event I agree that I remain fully responsible for the entire cost and expenses related to the Program and/or accommodations and that I will not be entitled to any refund.

4. The University is obligated to grant me academic credit only for courses for which I have satisfactorily fulfilled the academic requirements.

5. There are unavoidable risks in travel abroad. I waive and release, and discharge Releasees from and against any and all liability, claim or action whatsoever arising out of or related to any injury (including death), loss or damage that I may sustain, whether caused by the negligence of the Host, the Releasees or others, in connection with my travel to or in the Host Country and/or in connection with my presence or activities with the Host or in the Host Country. I covenant not to sue Releasees for any such injury, loss or damage, and I will indemnify and hold Releasees harmless from same, including court costs and attorneys' fees. It is my express intent that this Agreement will bind members of my family and spouse if I am alive and will bind my estate, family, heirs, personal representatives, or assigns, if I am deceased, and will be deemed as a release, waiver, discharge and covenant not to sue Releasees from any claim by me or my family, arising out of my participation in the Activity. Releasees will not be responsible or liable for any loss, damage or expense that I may sustain because of changes from the representations in the Host's publications and brochure. **Participant (Parent/Guardian) Initials:** _____

6. I am solely responsible for obtaining all documents necessary for travel including but not limited to a passport or visas.

7. Under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, and its implementing regulations, 32 C.F.R. Part 99 ("FERPA"), and Section 228.091, Florida Statutes, and University Rule 6C9-3.015, Florida Administrative Code, the University is required to keep confidential various types of student records. Certain people may want to know about my whereabouts and condition when I am participating in the Activity. For that reason, I waive my confidentiality rights as they relate to my whereabouts and condition and authorize the University to disclose such information to (check as appropriate):

_____ My Parent(s): _____

_____ My Spouse/Significant Other: _____

_____ Other(s): _____

8. Should any provision or aspect of this Agreement be determined to be unenforceable by judicial authority, all remaining provisions of this Agreement will remain in full force and effect.

9. My agreement to the provisions of this Agreement is wholly voluntary. Prior to signing this Agreement, I had the right to consult with the adviser, counselor, or attorney of my choice, and exercised that right to the extent I deemed appropriate.

10. Should there be any dispute concerning my participation in the Activity that would require the adjudication of a court of law, venue will lie in Duval County, Florida, and the cause of action will be determined in accordance with the laws of the State of Florida.

11. This Agreement supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without the written concurrence of both parties.

12. I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

ACCEPTED:

Signature of Participant

Date

Signature of Parent/Guardian (Required if Participant is less than 18 years of age)

Date

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS OF PARTICIPATION IN FOREIGN STUDY

("Acknowledgment")

By signing below, I acknowledge that I understand and agree to the following:

- The _____ of study at The University of North Florida ("University") includes components that necessitate my foreign travel, study, and accommodations abroad (collectively, "Foreign Study") during program semesters.
- I have been educated by UNF staff in the physical risks associated with my Foreign Study and received their recommendations for conduct that can reduce the risk to my physical safety and security.
- **I am aware of the imminent threat of physical injury, pain and suffering, including loss of life, posed by my exposure to the novel coronavirus and the contracting of COVID-19 associated with my Foreign Study. I am aware that the threat is not only a threat to me, but a threat to persons with whom I live and work and to others with whom I have direct or indirect physical contact.**
- Travel, living, and study restrictions abroad that arise in connection with the COVID-19 pandemic may limit me or prevent me from completing my Foreign Study.
- Travel restrictions by a governmental entity may be imposed at any time that prevent me from entering a foreign country or returning to the United States as I had planned.
- **By proceeding with My Foreign Study, the funds I expend toward my Foreign Study are at risk. Expenditures I make for tuition and fees, _____ program fee, travel, housing, food, visa requirements, cell phone, travel insurance/plans, deposits, baggage fees, and the like will not be reimbursed by the University if, for any reason, I am unable to complete my Foreign study.**
- The University may be unable to assist me with, and is not responsible for information technology problems and issues I encounter during my Foreign Study.
- I will regularly monitor my University email account for correspondence from University faculty and staff, and I will respond promptly to all inquiries I receive from them.
- I will adhere to all applicable laws, rules, regulations, and protocols applicable to my Foreign Study, including any expanded safety requirements and protocols in place in the location in which I am living and studying. If, at any time, I feel unsafe or uncomfortable generally or with any particular activity in my Foreign Study, I will immediately report my feelings to the International Center at intlctr@unf.edu.
- I will inform the International Center promptly if at any time: I learn that I have developed a condition that places me at high physical risk of injury if I contract COVID-19; I am diagnosed with or symptomatic for COVID-19; or I have contact with a person with known diagnosis of COVID-19.
- I have had an opportunity to ask University faculty and staff of the University any questions I have about my participation in Foreign Study and about this Acknowledgment or the effect of this Acknowledgment on me. I have had the opportunity to discuss my participation in Foreign Study with family member(s) or anyone I trust to assist me in making my decision.

Student signature

Witness signature

Printed Name:

Printed Name:

Mailing Address:

Date: